Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD

015-

57135

		STATE DEPARTM	ENT OF HEALTH SFUND RECORDS CTR	
PRODUCER OF WASTE (Must be filled by producer)			HAULER OF WASTE (Must be filled by hauler) 999000663	
Name (PRINT OR TYPES) SI ACCO CODE NO. Pick up Address: (NUMBER) (STREET) (CITY)			ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392	
Telephone Number: (Pick Up:	
Order Placed By:			State Liquid Waste Hauler's Registration No. (if applicable):	
Type of Process which Produced Westes: (Example: matel plating equipment classing oil drilling CODE No.			Job No.: No. of Loads or Trips: Unit No	
(Examples: metal plating, equipment cleaning, oil drilling — CODE NO. wastewater treatment, pickling bath, petroleum refining)			(SPECIFY)	
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.	
Check type of wastes:			I certify (or declare) under penalty of perjury that the foregoing is true and correct.	
1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand			SIGNATURE OF A PER APENT AND TITLE	_
2. Alkaline solution 3. Pesticides	7. Chemical toilet wastes 8. Tank bottom sediment	12. ☐ Cannery waste 13. Æ Latex waste	DISPOSER OF WASTE (Must be filled by disposed)	
Paint sludge	9. Oil	14. Mud and water	Name (print or type): 2125 So. Garfield Ava	Í
5. Lisolvent	10. Drilling mud	15. 🗆 Brine	Site Address: A minery Carle, Cauf. 91754	
Other (Specify)			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and	
### Appropriets: The samples: Hydrochloric acid, lime, caustic soda, Concentration:			local restrictions.	
phenolics, solvents (list), meta organics (list), cyanide)			Quantity measured at site (if applicable):State fee (if any):	
1.	/		Handling Method(s):	
			recovery	
3			treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.	
			disposal (specify): pond spreading all landfill injection well	
5.			☐ other (specify): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
			Disposal Date:	
Hazardøus Propersies of Waste:			I certify (or declare) under penalty of perjury	
pH			that the foregoing is true and correct.	
100	gal tons X	barrels	SIGNATURE OF AUTHORIZED MOENT AND TITLE	
Bulk Volume:	Gal tons / 🗆	(42 gal.) Other (SPECIFY)	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.	
Containers: (NUMBER)	drums cartons	bags other		
Physical State:	o solid XI liquid XI	sludge other		
Special Handling Instructions (if any):				
			i e e e e e e e e e e e e e e e e e e e	
	/			
The waste is described to the applicable).	best of my ability and it was deliver	ed to a licensed liquid waste hauler (if		
I certify (or declare) under penalty of perjury that the foregoing is true and correct.			FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.	
1	V SIGNATUR	E OF AUTHORIZED AGENT AND TITLE	D.O.T. Proper Shipping Name	